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PATENT, TRADEMARK
AND COPYRIGHT LAW
FACSIMILE: (703) 684-1157

Date: November 21, 2005

FACSIMILE COVER LETTER

Facsimile Number: 571-273-8300

To: Examiner R. Jain
Group Art Unit 2664, USPTO

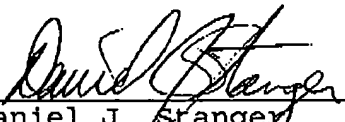
From: Mr. Daniel J. Stanger
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 09/987,816
Attorney Docket No.: ASA-1041

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 Transmittal;
REPLY;
Petition for One-Month Extension of Time;
Change of Correspondence Address; and
Credit Card Payment Form including \$120.00 in payment of
Petition fee.



Daniel J. Stanger
Reg. No. 32,846

November 21, 2005

DateTotal Number of Pages (including cover sheet): 15

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please CALL (703) 684-1120. Thank you.

FORM PTO-1083

PATENT

Case Docket No. ASA-1041

In RE application of K. YOSHIDA et al

Serial No.: 09/987,816

Group Art Unit: 2664

Filed: November 16, 2001

Examiner: RAJ K. JAIN

For: A COMMUNICATION SYSTEM

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Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	10	Minus	20	=	0
Indep.	2	Minus	3	=	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

SMALL ENTITY

Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A
SMALL ENTITY

Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
 ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
 *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
 The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.

☒ A check in the amount of \$ 120.00 is attached in payment of:

PETITION FOR ONE-MONTH EXTENSION OF TIME

☒ The Commissioner is hereby authorized to extend payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: November 21, 2005